1132034

UNITED STATES '
SECURITIES AND EXCHANGE COMMISSION
Washington, D.C. 20549

549 Es

OMB APPROVAL
OMB Number: 3235-0076
Expires: April 30, 2008
Estimated average burden
hours per response ... 16

FORM D

NOTICE OF SALE OF SECURITIES
PURSUANT TO REGULATION D,
SECTION 4(6), AND/OR
UNIFORM LIMITED OFFERING EXEMPTION

PROCE	SSEDS Prefi	EC USE	ONLY Serial
AUG 0 9	2007 Da	te Rece	ived
THOMS	SON		<u> </u>

FIN	ANCIAL \
Name of Offering ([] check if this is an amendment and name has changed, and indicate change.) XA, Inc. Senior Secured Convertible Promissory Note and Warrant Offering – June 2007	
Filing under (Check box(es) that apply): [] Rule 504 [] Rule 505 [X] Rule 506 [X] Section 4(6) [] ULO Type of Filing: [X] New Filing: [] Amendment	E RECEIVED
A. BASIC IDENTIFICATION DATA	AUG 0 6 2007
Enter the information requested about the issuer	
Name of Issuer ([] check if this is an amendment and name has changed, and indicate change.) XA, Inc. (the "Issuer")	185
Address of Executive Offices (Number and Street, City, State, Zip Code 875 North Michigan Avenue, Suite 2626, Chicago, IL 60611	Telephone Number (Including Area Code) 312-397-9100
Address of Principal Operations (Number and Street, City, State, Zip Code) (if different from Executive Offices)	Telephone Number (Including Area Code)

Brief Description of Business

Special events venue management firm

[X] corporation [] limited partnership, already formed [] other [] business trust [] limited partnership, to be formed

Actual or Estimated Date of Incorporation or Organization: Month Year

Actual or Estimated Date of Incorporation or Organization: 8 2000 [X] Actual [] Estimated

Jurisdiction of Incorporation or Organization: (Enter two-letter U.S. Postal Service abbreviation for State:

CN for Canada: FN for other foreign jurisdiction) [N] [V]

07074266

GENERAL INSTRUCTIONS

Federal

Who Must File: All issuers making an offering of securities in reliance on an exemption under Regulation D or Section 4(6), 17 CFR 230.501 et seq. or 15 U.S.C. 77d(6).

When to File: A notice must be filed no later than 15 days after the first sale of securities in the offering. A notice is deemed filed with the U.S. Securities and Exchange Commission (SEC) on the earlier of the date it is received by the SEC at the address given below or, if received at that address after the date on which it is due, on the date it was mailed by United States registered or certified mail to that address.

Where to File: U.S. Securities and Exchange Commission, 450 Fifth Street, N.W., Washington, D.C. 20549.

Copies Required: Five (5) copies of this notice must be filed with the SEC, one of which must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

Information Required: A new filing must contain all information requested. Amendments need only report the name of the issuer and offering, any changes thereto, the information requested in Part C, and any material changes from the information previously supplied in Parts A and B. Part E and the Appendix need not be filed with the SEC.

Filing Fee: There is no federal filing fee.

State:

This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) for sales of securities in those states that have adopted ULOE and that have adopted this form. Issuers relying on ULOE must file a separate notice with the Securities Administrator in each state where sales are to be, or have been made. If a state requires the payment of a fee as a precondition to the claim for the exemption, a fee in the proper amount shall accompany this form. This notice shall be filed in the appropriate states in accordance with state law. The Appendix to the notice constitutes a part of this notice and must be completed.

ATTENTION

Failure to file notice in the appropriate states will not result in a loss of the federal exemption. Conversely, failure to file the appropriate federal notice will not result in a loss of an available state exemption unless such exemption is predicated on the filing of a federal notice.

A. BASIC IDENTIFICATION DATA

- 2. Enter the information requested for the following:
 - · Each promoter of the issuer, if the issuer has been organized within the past five years;
 - Each beneficial owner having the power to vote or dispose, or direct the vote or disposition of, 10% or more of a class of equity securities of the issuer;
 - Each executive officer and director of corporate issuers and of corporate general and managing partners of partnership issuers; and
 - Each general and managing partner of partnership issuers.

Check Box(es) that Apply:[] Promoter [X] Baneficial Owner [] Executive Officer [] Director [] General and/or Managing PartnerGoldstin, Frank
Full Name (Last name first, if individual)
875 North Michigan Avenue, Suite 2626, Chicago, IL 60611
Business or Residence Address (Number and Street, City, State, Zip Code)
Check Box(es) that Apply: [] Promoter [x] Beneficial Owner [X] Executive Officer [X] Director [] General and/or Managing Partner Wagner, Joseph
Full Name (Last name first, if individual)
875 North Michigan Avenue, Suite 2626, Chicago, IL 60611
Business or Residence Address (Number and Street, City, State, Zip Code)
Check Box(es) that Apply: [] Promoter [X] Beneficial Owner [X] Executive Officer [X] Director [] General and/or Managing Partner Wilson, Jean
Full Name (Last name first, if individual)
875 North Michigan Avenue, Suite 2626, Chicago, IL 60611
Business or Residence Address (Number and Street, City, State, Zip Code)
Check Box(es) that Apply:[] Promoter [] Beneficial Owner [] Executive Officer [X] Director [] General and/or Managing Partner Spencer, Christopher
Full Name (Last name first, if individual)
875 North Michigan Avenue, Suite 2626, Chicago, IL 60611
Business or Residence Address (Number and Street, City, State, Zip Code)
Check Box(es) that Apply:[] Promoter [X] Beneficial Owner [] Executive Officer [] Director [] General and/or Managing Partner
Full Name (Last name first, if individual)
Business or Residence Address (Number and Street, City, State, Zip Code)
Check Box(es) that Apply:[] Promoter [] Beneficial Owner [] Executive Officer [] Director [] General and/or Managing Partner
Full Name (Last name first, if individual)
Business or Residence Address (Number and Street, City, State, Zip Code)
Check Box(es) that Apply:[] Promoter [] Beneficial Owner [] Executive Officer [] Director [] General and/or Managing Partner
Full Name (Last name first, if individual)
Business or Residence Address (Number and Street, City, State, Zip Code)
Check Box(es) that Apply:[] Promoter [] Beneficial Owner [] Executive Officer [] Director [] General and/or Managing Partner
Full Name (Last name first, if individual)
Business or Residence Address (Number and Street, City, State, Zip Code)

```
B. INFORMATION ABOUT OFFERING
1. Has the issuer sold, or does the issuer intend to sell, to non-accredited investors in this offering?.... ( ) Yes [X] No Answer also in Appendix, Column 2, if filing under ULOE.
4. Enter the information requested for each person who has been or will be paid or given, directly or indirectly,
 any commission or similar remuneration for solicitation of purchasers in connection with sales of securities in
 the offering. If a person to be listed is an associated person or agent of a broker or dealer registered with
 the SEC and/or with a state or states, list the name of the broker or dealer.
                                                                      If more than five (5) persons to
 be listed are associated persons of such a broker or dealer, you may set forth the information for that broker
 or dealer only.
Full Name (Last name first, if individual)
Business or Residence Address (Number and Street, City, State, Zip Code)
Name of Associated Broker or Dealer
States in Which Person Listed Has Solicited or Intends to Solicit Purchasers
 (Check "All States" or check individual States)....
                                                                                      ...[ ] All States
     [AL]
             [AK]
                    [AZ]
                           [AR]
                                 [CA]
                                        [CO]
                                               [CT]
                                                     [DE]
                                                            [DC]
                                                                   [FL]
                                                                         [GA]
                                                                                [HI]
                                                                                      [ID]
     [IL]
             [IN]
                    [IA]
                           [KS]
                                 [KY]
                                        [LA]
                                               [ME]
                                                     [MD]
                                                            [MA]
                                                                   [MI]
                                                                         (MN)
                                                                                [MS]
                                                                                       [MO]
     [MT]
              [NE]
                    [NV]
                           [NH]
                                        [NM]
                                                            [ND]
                                                                   [OH]
                                 [NJ]
                                               [NY]
                                                     [NC]
                                                                         [OK]
                                                                                [OR]
                                                                                       [PA]
     [RI]
             [SC]
                    [SD]
                           [TN]
                                 [TX]
                                        [UT]
                                               [VT]
                                                     [VA]
                                                            [WA]
                                                                   [WV]
                                                                         [WI]
                                                                                [WY]
                                                                                       [PR]
       G.C. Andersen Partners Capital LLC
Full Name (Last name first, if individual)
       430 Park Avenue, Suite 701, New York, New York 10022
Business or Residence Address (Number and Street, City, State, Zip Code)
Name of Associated Broker or Dealer
States in Which Person Listed Has Solicited or Intends to Solicit Purchasers
(Check "All States" or check individual States) ...
                                                                                .....[ ] All States
     [AL]
             [AK]
                    [AZ]
                           [AR]
                                 [CA]
                                        [CO]
                                               [CT]
                                                     [DE]
                                                            [DC]
                                                                   [FL]
                                                                         [GA]
                                                                                [HI]
                                                                                       [ID]
     [IL]
             [IN]
                    [AI]
                           [KS]
                                 [KY]
                                                            [MA]
                                                                   [MI]
                                                                         [MN]
                                                                                [MS]
                                                                                       [MO]
                                        [LA]
                                               (ME)
                                                     [MD]
     [MT]
             [NE]
                    [NV]
                           [NH]
                                        [MM]
                                 [NJ]
                                               [NY]
                                                     [NC]
                                                            [ND]
                                                                   [OH]
                                                                         [OK]
                                                                                [OR]
                                                                                      [PA]
     [RI]
             [SC]
                    [SD]
                           [TN]
                                 [TX]
                                        [UT]
                                               [VT]
                                                     [VA]
                                                            [WA]
                                                                   [WV]
                                                                         [WI]
                                                                                [WY]
                                                                                      [PR]
Full Name (Last name first, if individual)
Business or Residence Address (Number and Street, City, State, Zip Code)
Name of Associated Broker or Dealer
States in Which Person Listed Has Solicited or Intends to Solicit Purchasers
(Check "All States" or check individual States)
                                                                                      ...[] All States
     [AL]
             [AK]
                    [AZ]
                           [AR]
                                 [CA]
                                        [CO]
                                                                         [GA]
                                               [CT]
                                                     [DE]
                                                            [DC]
                                                                   FL
                                                                                [HI]
                                                                                      (ID)
     [IL]
             [IN]
                    [IA]
                           [KS]
                                                                         [MN]
                                                                                      [MO]
                                 [KY]
                                        [LA]
                                               [ME]
                                                     [MD]
                                                            [MA]
                                                                   [MI]
                                                                                [MS]
     [MT]
             [NE]
                    [NV]
                           [NH]
                                 [NJ]
                                        [NM]
                                               [NY]
                                                     [NC]
                                                                   [OH]
                                                                         [OK]
                                                                                [OR]
                                                                                      [PA]
```

[RI]

[SC]

[SD]

[TN]

[TX]

[UT]

[VT]

[VA]

[WV]

[WI]

[WY]

[PR]

	C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE OF PRO	CEEDS	
•	Enter the aggregate offering price of securities included in this offering and the total amount already sold. Enter "0" if answer is "none" or "zero." If the transaction is an exchange offering, check this box and indicate in the columns below the amounts of the securities offered for exchange and already exchanged. Type of Security	Aggregate Offering Price	Amount Already
	Debt Equity [] Common [] Preferred	\$	_\$ _\$
	Convertible Securities Partnership Interests Other (units) Total	\$ \$ \$ 500,000 \$ 500,000	\$ \$ \$
	Answer also in Appendix, Column 3 if filing under ULOE.		
1.	Enter the number of accredited and non-accredited investors who have purchased securities in this offering and the aggregate dollar amounts of their purchases. For offerings under Rule 504, indicate the number of persons who have purchased securities and the aggregate dollar amount of their purchases on the total lines. Enter "0" if answer is "none" or "zero."		
		Number Investors	Aggregate Dollar Amount of Purchases
	Accredited Investors		\$
	Non-Accredited Investors		\$
	Total (for filings under Rule 504 only		\$
	Answer also in Appendix, Column 4 if filing under ULOE.		
3.	If this filing is for an offering under rule 504 or 505, enter the information requested for all securities sold by the issuer, to date, in offerings of the types indicated, in the twelve (12) months prior to the first sale of securities in this offering. Classify securities by type listed in Part C-Question 1.		
	Type of Offering	Type of Security	Dollar Amount Sold
	Rule 505		\$
	Regulation A		\$
	Rule 504		\$
	Total		\$
l.a.	Furnish a statement of all expenses in connection with the issuance and distribution of the securities in this offering. Exclude amounts relating solely to organization expenses of the issuer. The information may be given as subject to future contingencies. If the amount of an expenditure is not known, furnish an estimate and check the box to the left of the estimate.		
	Transfer Agent's Fees	[] \$	
	Printing and Engraving Costs		
	Logal Fees		0,000
	Accounting Fees Engineering Fees		
	Potential Sales Commission (10%)		
•	of broker-dealers, if used	[]\$	
	Other Expenses (identify) Non-accountable (including Legal) Expenses, Blue Sky Filing Fees	[X] \$	5,000
	Total	ź (x)	_25,0 00_ _

	C. OFFERING PRICE. NUM	BER OF INVESTORS, EXPENSES AND USE	OF PROC	EEDS	
	b. Enter the difference between the agreesponse to Part C - Question 1 and total to Part C - Question 4.a. This difference proceeds to the issuer.*	gregate offering price given in expenses furnished in response is the *adjusted gross			\$ <u>475,000</u>
5.	Indicate below the amount of the adjuste used or proposed to be used for each o amount for any purpose is not known, fur box to the left of the estimate. The to equal the adjusted gross proceeds to the Part C - Question 4.b above.	f the purposes shown. If the mish an estimate and check the tal of the payments listed must			
				Payments to Officers Directors & Affiliates	Payments to Others
	Salaries and fees	144444444444	[]	\$[] \$
	Purchase of real estate	***************************************	[]	\$[] \$
	Purchase, rental or leasing and installation of machinery a	and equipment	[]	\$[]\$
	Construction or leasing of plant buildings and facilities		[]	\$[] \$
	Acquisition of other businesses	•••••••••••••••••••••••••••••••••••••••	[]	\$[] \$
	Repayment of indebtedness	***************************************	[]	\$[K] \$ <u>300,000</u>
	Working Capital	***************************************	{ }	\${	() \$ <u>175,000</u>
	Other		[]	\$[1.\$
	Column Totals		[]	\$[X] \$ <u>475,000</u>
	Total Payments Listed (column totals added)			[X]\$ <u>47</u> ;	5,000
	· D.	PEDERAL SIGNATURE			
an und	uer has duly caused this notice to be signed by the undersigne ertaking by the issuer to furnish to the U.S. Securities and Excredited investor pursuant to paragraph (b)(2) of Rule 502.	ed duly authorized person. If this notice is filed			-
Issu XA,	er (Print or Type)	Signature Wills	%	Date	uno 8 , 2007
Jean	Wilson	Title of Signer (Print or Type) Chief Operating Officer			

 $\hat{}$ Each investor will purchase units consisting of a Senior Secured Convertible Promissory Note and Warrants to purchase Common Stock of the Company.

ATTENTION

E. STATE	SIGNATURE
----------	-----------

Is any party described in 17 CFR 230.252(c), (d), (e) or (f)
 Yes No presently subject to any of the disqualification provisions of such rule? N/A

See Appendix, Column 5, for state response.

- The undersigned issuer hereby undertakes to furnish to any state administrator of any state in which this notice is filed, a notice on Form D (17 CFR 239.500) at such times as required by state law. N/A
- The undersigned issuer hereby undertakes to furnish to the state administrators, upon written request, information furnished by the issuer to offerees. N/A
- 4. The undersigned issuer represents that the issuer is familiar with the conditions that must be satisfied to be entitled to the Uniform Limited Offering Exemption (ULOE) of the state in which this notice is filed and understands that the issuer claiming the availability of this exemption has the burden of establishing that these conditions have been satisfied.
 N/A

The issuer has read this notification and knows the contents to be true and has duly caused this notice to be signed on its behalf by the undersigned duly authorized person.

le (Print or Type)
Chief Operating Officer

Instruction:

Print the name and title of the signing representative under his signature for the state portion of this form. One copy of every notice on Form D must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

٠	APPENDIX								
1	2 3				4			5	
[Type of Security			Type of Invest mount purchased (Part C-Ite	Type of Investor and unt purchased in State (Part C-Item 2)			Disqualification under State ULOE (if yes, attach explanation of waiver granted) (Part E-Item 1)	
	<u> </u>	' 		No. of		No. of Non-			, , , , , , , , , , , , , , , , , , ,
State	YES	NO	units	Accredited Investors	Amount	Accredited Investors	Amount	YES	NO
AL									
AK				_					
AZ								-	
AR									
CA									
СО									
СТ									
DE									
DC									
FL									
GA									
HI									
ID									,
IL									
IN									
IA									
KS									
KY				_				<u> </u>	
LA									
ME	ļ	<u> </u>							
MD									
MA		-							
MI		<u> </u>			<u> </u>				
MN		ļ							
MS	ļ								
МО									

APPENDIX

	APPENDIX									
1	Intend to sel to non-accre investors in (Part B-Iter	dited state	3 Type of Security And aggregate Offering price Offered in state (Part C-Item 1)	No. of	Type of Investor and Amount purchased in State (Part C-Item 2)			Disqualification under State ULOE (if yes, attach explanation of waiver granted) (Part E-Item 1)		
State	YES	NO	units	Accredited Investors	. Amount	No. of Non- Accredited Investors	Amount	YES	NO	
MT		Ī								
NE										
NV										
NH		1		<u> </u>						
NJ		Х	Convertible Notes and Warrants	1	\$25,000	0	0		Х	
NM				-						
NY		Х	Convertible Notes and Warrants	7	\$475,000	0	0		Х	
NC		1							-	
ND		1								
ОН		†							+	
ок	1	 								
OR			,							
PA										
RI		·								
SC										
SD										
TN										
TX.								1		
UT										
VT		1				1				
VA										
WA										
WV										
WI										
WY										
PR										

